

CITY OF JEFFERSON
HOTEL/MOTEL/SHORT-TERM RENTAL LODGING TAX FORM

Business Name: _____ Report Month: _____
Business Address: _____ Mailing Address: _____

Gross Receipts for sleeping rooms for month:	(1)	_____
LESS: Non Transient Customers (29 days or more):	(2)	_____
Lodging Tax Gross Receipts:	(3)	_____
Lodging Tax Rate		7%
Lodging Tax Due	(4)	_____
LESS: Timely Pay Credit 2%**	(5)	_____
Total Tax Due	(6)	_____
PLUS: Penalties		
First Month 10%	(7)	_____
Additional due at 2% x _____ months late	(8)	_____
Total Due*	(9)	_____

*March, June, September, and December Tax Months are due the last day of following month. January, February, April, May, July, August, October, and November are due the 20th of following month.
**All payments must be postmarked by due date to take timely pay credit of 2%.

I hereby certify that the figures on this return and/or accompanying schedules and statements, to the best of my knowledge and belief, are true, correct, and complete.

Signature

Print name and title

REMIT TO: CITY OF JEFFERSON, ATTN: FINANCE DEPARTMENT, 320 E. McCARTY STREET, JEFFERSON CITY, MO 65101